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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.	
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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)	
Attorney Docket Number	50047/006003
Applicant	Nelson Ruiz-Opazo
Title	METHOD OF ASSAYING MODULATORS OF HYPERTENSION
<b>PRIORITY INFORMATION:</b>	
This application is a continuation of and claims priority from United States patent application 09/653,030, filed September 1, 2000 which claims priority from United States provisional application 60/152,011, filed September 1, 1999.	
<b>SMALL ENTITY STATUS:</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
<b>APPLICATION ELEMENTS:</b>	
Cover sheet	1 page
Specification	28 pages
Claims	1 pages
Abstract	1 page
Drawing	5 sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> A copy from prior application 09/653,030 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Small Entity Statement, which is: <input checked="" type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	0 pages
Preliminary Amendment	0 pages
IDS	0 pages

Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
Copy of three month Petition for Extension of Time in parent case.	2 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee:\$370	\$370.00
Excess Claims Fee: 1 - 20 x \$9	\$0
Excess Independent Claims Fee: 1 - 3 x \$42	\$0
Multiple Dependent Claims Fee:\$140	\$0
Total Fees:	\$370.00
<input checked="" type="checkbox"/> Enclosed is a check for \$370.00 to cover the total fees. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
<b>CORRESPONDENCE ADDRESS:</b>	
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<i>Susan M. Michaud</i> Signature Susan M. Michaud	<i>January 7, 2002</i> Date

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